PE1924/O Petitioner submission of 23 January 2023

Attached is NHS Highlands Equality Impact Assessment (Annexe A) for the downgrading of Obstetric services in Caithness General Hospital in 2016. As you can see, no consideration of the loss of Gynaecology services was made as part of this assessment. Obstetrics and Gynaecology are tightly linked and working from some advice we have been given, this may well have been an illegal decision.

They also state that the majority of births will still take place in Caithness and in the past 6 years they have plummeted to an average of around 15 births per year in Caithness General Hospital.

I hope this report gives you an insight into how little Women's Health/changes to Gynae services were taken into account when making the decision to downgrade to a CMU.

Person Centred Planning Template

Name of the person completing this assessment: Helen Bryers

Date of assessment: 15 November 2016

Responsible Managers: Hugo van Woerden and Maimie Thompson

Name of the project/policy/plan you are working on:

Caithness Maternity & Neonatal Public Health Review

Preliminary questions

1. Is the project, plan or policy you are working on major in terms of its scale or significance?

A public health review into Caithness maternity and neonatal service was triggered by potentially avoidable death of a new born baby in Caithness General Hospital in September 2015. A series of interim recommendations were put in place pending the outcome of the review which meant that increased numbers of local mothers have been advised to travel to Raigmore to have their babies. These decisions are based on specialist needs such as access to paediatricians and special care baby units following birth.

The report will be published on Friday 18th November. The report recommends that maternity and neonatal services in Caithness become a midwife-led Community Maternity Unit (CMU). The decision to change the service is made on the grounds of safety

The main impact that the conclusions of this report will have, if adopted by NHS Highland, is a small reduction in the number of local births but overall safer care for mothers and babies. This impact will be reduced as the Caithness maternity service has been working to interim risk measures since September 2015 and therefore many families have encountered this change already.

2. If your work is considered minor in terms of its scale or significance, is it likely to have a major impact on people with protected characteristics or the groups listed in the guide?

The equality impact assessment in relation to protected characteristics does not highlight any specific issues impacts on these groups.

If you have answered **yes** to Questions 1 or 2 above proceed to the toolkit and complete Stages 1 - 4 to fully assess the impact of your work. If you have answered **no** to Questions 1 and 2 record your decision and how you arrived at that decision in the boxes above.

Stage 1 – About your work

Background to the review and decision making process

A public health review into Caithness maternity and neonatal service was triggered by potentially avoidable death of a new born baby in Caithness General Hospital in **September 2015**. A series of interim recommendations were put in place pending the outcome of the review.

- The review, which included involvement of external clinical expertise, has now concluded, and a report will be published on the NHS Highland website.
- NHS Highland's board medical director will take a report to the board of NHS Highland and consider any recommendations.
- A national review into maternity and neonatal service is also being carried out and we understand is due to report early next year

Key Recommendation from Public Health Review

On grounds of the safety of the current model, the review team is recommendeding that Caithness General Hospital (CGH) should be reconfigured as a midwife-led Community Maternity Unit (CMU), as part of a Raigmore 'hub and spoke' model

Stage 2 – How people might be affected by your work

Groups affected by the report and recommended

The main groups affected are pregnant women and their families. In 2014/15, 167 babies were born in the maternity unit in CGH, of whom 97% lived in the Caithness district and 3% lived in the Sutherland district.

Mothers in Caithness are more likely to require specialist care that cannot be provided locally: twice the proportion of the maternity population is in the most deprived quintile than that of Highland Region overall, 21% versus 10%.

Women are being asked to have their babies in Raigmore because of the limits to the level of maternity and neonatal care that can provided in Caithness. The service does not have an adult high dependency unit; nor a special care baby unit; nor paediatricians. This means that mothers with additional risks are advised to travel to Raigmore where NHS Highland can provide these services.

It is better to ask these women to travel to a larger hospital at an early stage before problems arise rather than wait until problems occur.

Within this group there may be women to whom English is a foreign language – these women will be provided with interpretation services in the same way as is currently provided.

Within this group, there may be specific sections of the population that we need to ensure have the right information – consider different needs of women and families within the community, such as women to whom English is a foreign language;

Staff group directly affected in Caithness General are: Midwives (14), obstetricians (3) and medical secretaries (2)

Other staff in Caithness that will be indirectly affected include anaesthetic team and the A&E team, the emergency response team and the theatre staff.

Stage 3 – Promoting access to services and rights to care and support

NHS Highland is working on improving access to and quality of accommodation in Inverness for mothers and their families. NHS Highland is working with the ambulance service and neonatal retrieval service to ensure that rapid access to transport by road or by helicopter when it is required.

Accessibility to information – use language support services; and NHS Highland accessible information officer can help with getting letters into easy read format.

Ensure that the new service continues to follow staff guidance on the use interpretation services /special needs etc.

Ongoing work with service and community to ensure that access to services for women and families in remote and rural communities is promoted and safety is a key consideration.

Stage 4 – Taking Action based on your findings

The report makes a recommendation to improve facilities for women and families delivering their babies in Raigmore.

The review, which included involvement of external clinical expertise, has now concluded, and will be published no the NHS Highland website. NHS Highland's board medical director will take a paper with recommendations to the board of NHS Highland.

A national review into maternity and neonatal service is also being carried out and we understand is due to report early next year

Travel and accommodation: If the recommendations of the report are accepted by NHS Highland, the report recommendations that NHS Highland should ensure that access to accommodation for mother and their families is available in Inverness will be considered by the operational units.

Emergency care: If the recommendations of the report are accepted by NHS Highland, re-assurance to community and women about the provision of emergency OOH care

Staffing – If the recommendations of the report are accepted by NHS Highland, timely communication to staff of review and recommendations following appropriate HR processes. Wider communications with staff in all maternity units is also recommended

Select which one of the following steps you are taking following this assessment:

Make sure you have recorded the how you arrived at your decision in the box above.

─No major change ○Continue the work

